

SOUTH DAKOTA BOARD OF PODIATRY EXAMINERS

135 East Illinois • Suite 214 • Spearfish, SD 57783

(605) 642-1600

RELICENSURE APPLICATION

Due June 30th

Please Print or Type

Today's Date _____

Last Name _____

First Name _____

Lic#: _____

FOR BOARD USE ONLY

Date _____ Ck# _____

Child Support Checked: ☐ OK ☐ NOT OK

Corporation Renewal: Please complete Corporation
Renewal and mail with your
Yes ☐ No ☐ relicensure application.

Social Security # _____ (Social Security Number's use is intended for
purposes of identification related to licensure issues, discipline and other board related issues)

*I am not renewing _____. If not renewing, please complete the top portion and return this form to
the board office. No additional notices will be sent to you.*

I prefer all correspondence be addressed to my HOME _____ BUSINESS _____

Home Address: _____
P.O. Box or Street City State Zip Code

Business Name: _____

Business Address: _____
P.O. Box or Street City State Zip Code

Home Telephone (_____) _____ Work Telephone (_____) _____

Since the date of issuance or renewal of your SD Podiatry license

- 1.) Has this or any other state rejected your application or revoked your professional license or certificate? Yes ☐ No ☐
If yes, which state or states? _____ (Please attach explanation.)
- 2.) Has any professional association rejected your application for membership or revoked a membership
you held? (If yes, attach explanation.) Yes ☐ No ☐
- 3.) Have you been found guilty of unprofessional conduct by a duly constituted professional organization
or convicted by a state board of podiatry examiners of such unprofessional conduct?
(If yes, give full details on a separate sheet.) Yes ☐ No ☐
- 4.) Have you been convicted by a court of law for any offense in connection with your practice as a
podiatrist? (If yes, attach explanation.) Yes ☐ No ☐
- 5.) Have you been convicted of a felony after being licensed in the State of South Dakota? Yes ☐ No ☐
- 6.) SDCL 25-7A-56 prohibits the issuance of renewal of any state regulated license if an applicant owes
\$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? Yes ☐ No ☐

I, _____, (please print) hereby apply for licensure renewal by
the State of South Dakota Board of Podiatry Examiners. Enclosed is the \$150.00 renewal fee (check or
money order payable to the SD Board of Podiatry Examiners). I understand that the fee is not
refundable. I declare and affirm under penalties of perjury that this application has been examined by
me, and to the best of my knowledge and belief, is in all things true and correct.

Signature

(over)

Date

SOUTH DAKOTA BOARD OF PODIATRY EXAMINERS
CONTINUING EDUCATION REPORT FORM
20:55:01:08 Continuing education requirements:

Each licensee shall, prior to July 1, 2001, and every two years thereafter, provide written verification to the Board of Podiatry Examiners of the completion of 30 hours of continuing medical education. The program hours must be approved and certified by the Council of Podiatric Medical Education of the American Podiatric Medical Association. The necessary verification shall accompany each application for licensure renewal. If satisfactory verification is not received, the board shall deny the renewal application or take action to revoke or suspend the license of an individual not in compliance.

Up to 30 additional hours of satisfactory continuing medical education can be carried over for two years only. If you have questions, please feel free to contact the board office.

If you need additional space, please make additional copies of this form. Please send proof of attendance. These will not be returned or kept on file so you may wish to send copies of your verification certificates.

I had _____ hours in 2001-2002 that I am carrying over to 2002-2003.

I had _____ hours in 2002-2003.

I will be carrying over _____ hours from 2002-2003 to 2003-2004

TITLE OR NAME OF PROGRAM _____

HOURS APPROVED BY COUNCIL OF PODIATRIC MEDICAL EDUCATION _____

DATE (S) OF PROGRAM _____

USE IN CURRENT RENEWAL YEAR _____ USE IN FUTURE 2003-2004 YEAR _____

TITLE OR NAME OF PROGRAM _____

HOURS APPROVED BY COUNCIL OF PODIATRIC MEDICAL EDUCATION _____

DATE (S) OF PROGRAM _____

USE IN CURRENT RENEWAL YEAR _____ USE IN FUTURE 2003-2004 YEAR _____

TITLE OR NAME OF PROGRAM _____

HOURS APPROVED BY COUNCIL OF PODIATRIC MEDICAL EDUCATION _____

DATE (S) OF PROGRAM _____

USE IN CURRENT RENEWAL YEAR _____ USE IN FUTURE 2003-2004 YEAR _____
